Department of Agriculture, Trade and Consumer Protection Home

<u>To Businesses:</u>
We encourage consumers to use this form when they first contact you with a problem.
Please take this opportunity to promote your business by quickly working out this dispute.

	we contact you?							
	Mrs. Miss Ms.) circle one)	(first)	(mic	ddle)	(last)			
Home Phone	•	Work Phone: ()	•	·	, ,			
	,	,						
Phone me be	tween 8:00 A.M. and 4	1:00 P.M. at: (circle one)	Home VV	ork Best time:				
Address:			PO Box	c :	Apt.# _			
Citv:		State:	Zip:	C	County:			
2. What bus	siness is your compl	aint against?						
Name of busi	iness:							
Address:			PO Box:		Apt.#			
					-			
		State: Name of person						
Phone: ())	you talked to:		Title:				
Information :	about your complain	t						
3. Which of	the following best des	cribes your first contact wi	th the business: (d	check one)				
Person from business came to my home I telephoned the business								
	Person from busin	less called me information in the mail		onded to a radio onded to a printed		nt		
	I attended a conve			tised: When?				
	I went to the busin			e?				
4 Did vou s	sign a contract? <i>(circle one)</i> No Yes Date: Total: \$							
	_							
	• •	paid before the entire job						
6. On what	On what date was the work started?Completed?							
7. How muc	ch work has been done	e? (circle one) No	one/Some/Most/A	II		W		
8 Did the co	ontractor notify you of	any reasons for delays?	(circle one) No	Yes Reaso	no.			
		•						
9. Has a lier	n claim been filed agai	nst your property? (circle or	ne) No Yes	When?				
10. Are the p	roducts, materials or v	orkmanship still under wa	rranty? (circle one) No Yes				
	DID THE CONT	DACTOR: (above	-1	VEC	, NO			
		'	ck one)	YES	S NO			
11.		Inform you of your right to written lien waivers?						
	Provide you with any written lien waivers? Substitute products or materials without your consent?							
		uarantees or warranties?	di consent:					
		total completion price?						
	·	a competitor's work?						
		be a member of another fi	rm?					
		hat another firm would per						
	renomm the wor	k in a satisfactory manner	ſ					

12. What steps have you taken to	o solve this dispute? ed letter to the builder		
	o the local building inspector		
Filed a report			
Started a suit	in small claims court (Case #		_)
13. Describe your complaint in papers involved.)	detail. (Include copies of ar	ny proposals, contracts, can	celed checks and other
14. How do you feel your compla	nint should be resolved? (please	e be specific)	
This complaint and the informatio he party complained against. It no complaint will be available for pub	nay also be used to enforce ap	olicable state laws. Under Wisc	consin's Open Records Law, this
The above information is true and	accurate to the best of my kno	wledge.	
Your signature:			_ Date:
Return this form and copies of your p	papers to our office located neare	est to the business:	
NORTHWEST REGIONAL OFFICE 3610 Oakwood Hills Pkwy Eau Claire WI 54701 (715) 839-3848 FAX: (715) 839-1645	SOUTHEAST REGIONAL OFFICE 10930 W Potter Rd Ste C Milwaukee WI 53226-3450 (414) 266-1231 FAX: (414) 266-1235	NORTHEAST REGIONAL OFFICE 200 N Jefferson St Ste 146A Green Bay WI 54301 (920) 448-5110 FAX: (920) 448-5118	SOUTHWEST REGIONAL OFFICE PO Box 8911 Madison WI 53708-8911 (608) 224-4960 FAX: (608) 224-4963

If the business is located outside of Wisconsin return this form to our Consumer Information Center:

DATCP - CONSUMER INFORMATION CENTER PO Box 8911 Madison WI 53708-8911

(800) 422-7128

TDD: (608) 224-5058 FAX: (608) 224-4939

EMAIL: datcphotline@datcp.state.wi.us WEBSITE: http://datcp.state.wi.us/